

AAP-CA2 HPV Series Completion QI Project

MONTHLY Data Collection (One sheet per provider. 10 Charts total requirement for entire practice)

(10 consecutive charts of 11 or 12 year old patients).

Practice Name																			
Practice Address																			
Provider																			
Email																			
Phone																			
1 (QIDA)		2 (QIDA)		3 (QIDA)		4 (QIDA)		5 (QIDA)		6 (QIDA)									
Patient Age		Gender		Is there documentation that the patient received at least 2 doses of the HPV vaccination series?		Is there documentation that there were at least 5 months between the 1st dose and 2nd dose?		Is there documentation that the patient received 3 doses of the HPV vaccination series?		Is there documentation that there were at least 5 months between the 1st dose and last dose of the HPV vaccination series?		Did you use a Reminder/Recall System for this patient?		If so, please indicate which method?					
				Yes	No	Yes	No	Yes	No	Yes	No	No	Yes	Phone	Text	Letter	Email		
11	12	Male	Female	Yes	No	Yes	No	Yes	No	Yes	No	No	Yes	Phone	Text	Letter	Email		
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Mark with "X" in boxes above.

Upload answers to questions 1-5 directly onto QIDA as patients are seen. Enter data for one patient, Submit. Repeat for each patient (10 total).

Please also submit this completed form to us via email or Fax two days prior to the monthly webinar (Webinars are on the 4th Wednesday).

Email: Chapter2@aap-ca.org

Fax: (888) 838-1987